



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

DEMOCRATIC REPUBLIC OF CONGO

HIV was first identified in hospital patients in the Democratic Republic of Congo (DR Congo) as early as 1983. At the end of 2001, UNAIDS estimates 1.3 million Congolese adults and children were living with HIV/AIDS, yielding an overall adult HIV prevalence of 4.9 percent. Beyond the 5 percent mark, the epidemic will be considered firmly established within the general population.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1.3 million
Total Population (2001)	52.5 million
Population < 15 years	30.4 million
Adult HIV Prevalence (end 2001)	4.9%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	29%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	4.1%

Sources: UNAIDS, U.S. Census Bureau

HIV is transmitted primarily through heterosexual activity, which accounts for 87 percent of cases in the country. The most affected age groups are 20–29 in women, and 30–39 in men. Life expectancy in DR Congo dropped 9 percent in the 1990s as a result of HIV/AIDS.

According to UNAIDS, several factors are fueling the spread of HIV in DR Congo, including the movement of large numbers of refugees and soldiers, the high cost and scarcity of safe blood transfusions in rural areas, a lack of counseling, few HIV testing sites, high levels of untreated sexually transmitted infections among sex workers and their clients, and a dearth of condoms outside Kinshasa and one or two provincial capitals. With the imminent end of hostilities and a transitional government, population movements associated with greater stability and economic revitalization will exacerbate the spread of HIV, which is now localized in areas most directly affected by the presence of troops and war-displaced populations. Consecutive wars have made it nearly impossible to conduct effective and sustainable HIV prevention activities. In addition, the HIV-tuberculosis coinfection rate ranges from 30 percent to 50 percent.



Map of Democratic Republic of Congo: PCL Map Collection, University of Texas

The number of Congolese women living with HIV/AIDS is growing. UNAIDS estimated women constituted more than 60 percent (670,000) of 1.1 million adults aged 15–49 living with HIV/AIDS at the end of 2001. In 1999, infection rates among pregnant women in major urban areas ranged from 2.7 percent to 5.4 percent. Outside major urban areas, 8.5 percent of pregnant women tested in 1999 were HIV-positive.

Between 1985 and 1997, infection rates among sex workers in Kinshasa ranged from 27 percent to 38 percent. More than one-half (58 percent) of the total population is younger than 15 years old. The AIDS epidemic has had a disproportionate impact on children, causing high morbidity and mortality rates among infected

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children and orphaning many others. Approximately 30 percent to 40 percent of infants born to HIV-positive mothers will become infected with HIV. According to UNAIDS, by the end of 2001 an estimated 170,000 children under age 15 were living with HIV/AIDS, and 927,000 children had lost one or both parents to the disease.

National Response

According to the World Bank, although DR Congo was the first African country to design and implement an HIV/AIDS program, and is one of a handful of African countries to maintain a relatively stable infection rate, the epidemic has worsened dramatically as a result of economic crisis, conflict, and related population displacements.

The National AIDS Control Program was established in the early 1990s with considerable support from the World Bank. The program's main responsibilities include planning, coordinating, and developing short- and medium-term plans and a national strategic plan. The national program consists of a multisectoral committee, Comité National de Lutte Contre le SIDA, chaired by the Minister of Health. In addition, a central office, Bureau Central de Coordination du Programme National de Lutte Contre le SIDA/MST, acts as the central unit for planning, coordination, and monitoring and evaluation of all activities associated with HIV/AIDS and sexually transmitted infections.

In 2001, DR Congo adopted a national strategic plan for an expanded and integrated response to HIV/AIDS. The plan defines priorities for intervention, highlighting the importance of access to antiretroviral medicines and essential drugs for the treatment of opportunistic infections. DR Congo is committed to cooperating with its neighbors under a regional collective response to combat the growing HIV/AIDS pandemic in Africa.

In a 2001 statement before the United Nations General Assembly Special Session on HIV/AIDS, the chairman of the delegation from DR Congo highlighted the following challenges to HIV/AIDS prevention:

- War in DR Congo exacerbates the spread of HIV/AIDS;
- Movement of large numbers of refugees and displaced persons increases the population's vulnerability;
- Acts of violence perpetrated by soldiers in occupied territories place women and children at greater risk for HIV infection;
- Disruption of social and governance systems impedes the provision of HIV/AIDS prevention and care services; and
- Chronic poverty and food insecurity are crippling DR Congo.

USAID Support

The U.S. Agency for International Development (USAID) supports local nongovernmental organizations through a variety of larger U.S.-based nongovernmental organizations. USAID also works closely with the Centers for Disease Control and Prevention, the World Bank, as well as key United Nations agencies, and is an active participant in the country coordinating mechanism, which is responsible for the development of proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

USAID allocated \$3.5 million to HIV/AIDS prevention and care activities in DR Congo in 2002, and spending is expected to total \$4 million in 2003. Concurrent with an anticipated increase in resources, USAID will step up its HIV/AIDS prevention and surveillance activities during the next five years. The Mission will focus on enhancing care and community support activities, increasing political and social commitment to HIV/AIDS, and reducing the stigma of persons living with the disease.

USAID/DR Congo currently supports HIV interventions that emphasize prevention (i.e., behavior change communication, condom social marketing, and voluntary counseling and testing). With additional funds, USAID will:

- Support surveillance activities to fill the current gap in existing HIV seroprevalence and behavioral data in collaboration with the Centers for Disease Control and Prevention;
- Revitalize behavior change communication activities targeting vulnerable groups;
- Increase condom social marketing;
- Improve management of sexually transmitted infections;

- Promote care and support activities, including voluntary counseling and testing, prevention of mother-to-child transmission of HIV, and tuberculosis prevention and management; and
- Improve blood safety.

USAID supports the following country programs:

Blood safety

Through two international nongovernmental organizations, USAID provides HIV rapid tests and relevant training for health care providers to improve blood safety in rural health delivery sites. These activities are occurring at all sites in which Programme de Santé Rurale (SANRU) provides primary healthcare services.

Care and support

USAID supports voluntary counseling and testing initiatives and provides care and support to those living with HIV/AIDS. In cooperation with the Centers for Disease Control and Prevention, the Mission is considering expanding voluntary counseling and testing initiatives and interventions to reduce HIV transmission from mother to child. In addition, given the high tuberculosis-HIV coinfection rate in DR Congo, USAID supports projects that identify and effectively treat tuberculosis infections among people who are HIV-positive. USAID supports provision of a continuum of care for people living with AIDS through community-based services and referral networks to hospital and health centers.

Condom social marketing

Condom distribution programs in DR Congo target at-risk populations in major urban areas, such as the police, military, truck drivers, and commercial sex workers and their clients. The condom social marketing project sold more than 19 million condoms in 2002, and unmet demand remains high.

Condom distribution activities are complemented with targeted education programs designed to help individuals change high-risk behaviors, peer education activities to disseminate information about HIV/AIDS prevention, and program monitoring and evaluation.

Surveillance

Surveillance data are one of the priorities of the National AIDS Control Program strategic plan. In collaboration with the Centers for Disease Control and Prevention, USAID worked with national authorities and other interested partners to design and support a behavioral sentinel surveillance system to capture trends in behavioral changes among selected populations and to decide what kinds of interventions will reduce the spread and impact of the HIV epidemic, and where they should be implemented. Targeted populations include commercial sex workers, uniformed services, youths 15–19 years old, mining workers, and long-distance truck drivers in Bas Congo, Eastern Kasai, Katanga, Kinshasa, and North Kivu.

The objectives of the behavioral surveillance surveys are to determine the association between infection history, partner changes, and consistent condom use and transmission of HIV and other sexually transmitted infections; and to determine the effects that prevention interventions have had on target groups, and their knowledge of HIV and other sexually transmitted infections.

Sexually transmitted infection management

USAID targets at-risk population groups in cities and rural areas to promote an awareness of HIV and sexually transmitted infections, as well as counseling to encourage behavior change and treatment for infections at the nearest health centers. USAID is also working to improve medical care by promoting training for healthcare providers in syndromic management of sexually transmitted infections.

For more information:

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USAID HIV/AIDS Web site, DR Congo:
http://www.usaid.gov/pop_health/aids/Countries/africa/congo.html

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.

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